

## PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents  
Washington, D.C. 20231

FEB 05 2002

NOV 13 2001

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025315  
BLACK LOWE & GRAHAM  
816 SECOND AVE.  
SEATTLE WA 98104

QM22/1105

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## Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below. **EXPRESS MAIL**

EL 476257444US

Michelle J. Funston

(Depositor's name)



(Signature)

February 5, 2002

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/300,856	04/28/99	010	ASTORINO, M	3736 11/05/01
First Named Applicant	BROWN,	35 USC 154(b) term ext. =	0 Days.	

TITLE OF INVENTION

NETWORKED SYSTEM FOR INTERACTIVE COMMUNICATION AND REMOTE MONITORING OF INDIVIDUALS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	RYA-129/DIV	600-300.000	038	UTILITY	YES \$648.00 \$1280.00	02/05/02

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Black Lowe &amp; Graham, PLLC

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Health Hero Network, Inc.

(B) RESIDENCE: (CITY &amp; STATE OR COUNTRY) Mountain View, CA 94040

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☐ Advance Order - # of Copies \_\_\_\_\_

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)   
Michael S. Smith, Reg. No. 39,563

(Date)  
2/5/02

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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